

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008569	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/29/2016
NAME OF PROVIDER OR SUPPLIER SHELDON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 170 WEST CONCORD SHELDON, IL 60966		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: Section 300.670 Disaster Preparedness a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility. c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and 3) Evaluate the effectiveness of disaster plans and procedures. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to conduct disaster drills other than fire twice annually for each shift. This failure has the potential to affect all 23 residents residing in the facility. Findings include: The facility's Disaster Plan Policies and	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/25/16

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>Procedures documents potential disasters as tornado or high winds, earthquake, flooding, emergency loss of water supply, water boil order, hot weather, cold weather, snow removal, ice treatment, bomb threat, and resident elopement or missing resident.</p> <p>The facility's Fire Drill Binder did not contain any record of drills conducted other than fire.</p> <p>On 7/28/16, E4, Maintenance Director, stated he had not conducted any disaster drills other than fire in the past year.</p> <p>On 7/29/16 at 9:00 am, E1, Administrator, provided an Inservice Attendance sheet dated 5/10/16 documenting all facility staff from all shifts had reviewed the facility's disaster plans. No drill was conducted at that time. E1 also provided a second Inservice Attendance sheet dated 7/22/16 which was an actual tornado warning siren alert at 8:00 pm on 7/22/16 (second shift). Neither E4 nor E1 provided any documentation to show disaster drills other than fire were conducted on a second occasion during the past year for second shift, nor at any time during the past year for first and third shifts.</p> <p>The facility's Resident Census and Conditions of Residents report dated 7/27/16 documents 23 residents reside in the facility.</p> <p>(B)</p>	S9999			